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December 17, 2021

David Jokelson
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230 S. Broad Street 10th Floor
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RE: Sipp-Lipscomb, et al v. Einstein Physicians Pennypack Pediatrics, et al

Dear Mr. Jokelson:

Thank you for consulting me in this matter concerning a two-year old male named [redacted] who presented with left scrotal pain and swelling. As you have requested, I have reviewed the records and ultrasound examinations performed at St. Christopher's Hospital for Children on 7/14/2019 at 3:49 AM and then again at 4:23 PM. I have also reviewed the Preliminary Report by Teleradiology Solutions and the Official (Final) Reports by Dr. Higgins. The following opinion is based on this material.

The initial ultrasound examination is not entirely satisfactory due to motion artifact nevertheless, it reveals a normal right testicle in the inguinal canal which is indeed also normal in size, shape and echotexture.

Examination of the left hemi-scrotum reveals a mildly enlarged left testicle (almost twice the size of the right) with a heterogeneous (mottled) echotexture surrounded by a small amount of fluid. There is also considerable superficial soft tissue swelling. While the color Doppler images show variably increased flow around the left testicle, there is no reliably demonstrated Doppler blood flow signal within the testicle itself. I therefore strongly disagree with the interpretation rendered by Dr. Kalyanpur of Teleradiology Solutions which described "normal echogenicity and Doppler flow signal" of the left testicle and stated in the Impression that there is "No evidence of testicular torsion." I do not believe that the Teleradiology Solutions report is correct and I do not believe that it meets the standard of care under the described circumstances.

The Tech Comments uploaded by the ultrasound technologist to Teleradiology Solutions at the time the Preliminary Report was ordered and requisitioned at 4:40 AM EDT state:

> "***EXTREMELY LIMITED STUDY, PT INCONSOLABLE/SCREAMING/CONSTANT MOTION - RT TESTIS WNL WITHIN ING CANAL, FLOW IMAGING LIMITED BUT VISUALIZED -LT**

TESTIS FLOW IMAGING LIMITED BUT SEEN, SIGNIFICANT INCREASE OF FLOW VISUALIZED IN AREA OF LT EPI *SPOKE TO ED ABOUT LIMITED RESULTS, WERE COMFORTABLE AND CHOSE NOT TO MEDICATE PT"[1]

The decision to discharge the patient seems to be based significantly on the comments made by the ultrasound technologist as documented in the Emergency note:

"U/S of poor quality, however, U/S tech reported good flow to both testicles during exam."

And further documented:

"07/24/2019 04:25 Spoke to US tech re pt. She said that while it was difficult to examine the pt 2/2[sic due to] the pt moving during the US she is confident there is good flow in both testicles. She reports she saw evidence of epididymitis on the left side."

This erroneous impression was subsequently reiterated by the Teleradiology Solutions report.

In a subsequent Quality Assurance Report which I reviewed it states:

> "The waveforms in the left testis are not real- they are related to motion. The echotexture of the testis is abnormal. The surrounding hyperemia is reactive to testicular torsion. The patient was rescanned the next morning- found to have torsion. This is a hard case b/c the patient was moving. As per the technologist, the ED would not sedate. The tech was counseled about this case."

These comments were reviewed by the Teleradiology attending who responded:

> **"Response:**
> Agree in retrospect, I was misled by Doppler signal in the testis and the limitations of the study.
> **Changes in Management/Outcome::**
> Presume surgical evaluation.
> **Modification in Reading Pattern If Any::**
> In technically suboptimal studies, exercise caution in waveform analysis."

In my opinion, given the absence of an official (final) report, the urgent need for an accurate interpretation, and the notations that the examination was "markedly" and "significantly" "limited" and "poor," the ultrasound examination should have either been repeated, and/or a surgical evaluation recommended, and/or the patient kept in the ER until the regular Pediatric Radiology attending was available to review the Ultrasound examination (assuming this could be accomplished in an expedited manner). Although the regular Pediatric Radiology attending

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[1] In the version of the Tech Comments produced by St. Christopher's Hospital for Children, the final comment—indicating the ED decided from the information provided by the tech without input from the teleradiologist that they were "comfortable" not sedating the patient and repeating the ultrasound—is omitted. However, following a quality assurance review, Dr. Erica Poletto, the Interim Radiology Department Chief, confirmed in a Quality Assurance Report that "As per technologist, the ED would not sedate. The tech was counseled about this case."

subsequently reviewed the ultrasound examination, this happened several hours later. But by then the patient had been discharged and it took hours to contact the family and bring the patient back.

Therefore, I believe that the ER and Urology staff were misled by the comments of the Ultrasound tech as well as the report of Teleradiology Solutions which led to the decision to discharge the patient from the ER and thus prolonged the time until the correct diagnosis could be properly established.

I hope that my comments will be helpful to you as you proceed with further legal action in this matter. All of my opinions are stated to a reasonable degree of medical certainty. Please do not hesitate to contact me as needed.

With best regards,

Richard I. Markowitz, MD

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